

STIHealth 9.0 DATA STANDARDS

2006-07

Quick Reference Guide

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Division Data Policy Management and Research
Kentucky Department of Education
500 Mero Street, 15th floor
Frankfort, KY 40601
(502) 564-5279

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Purpose

The purpose of the STIHealth data standards document is to give Kentucky public schools a guideline in which to follow when entering student health information in the STIHealth product. The data elements outlined in this document are the fields that are required to be entered for KDE reporting purposes. Each page documents the grade level in which the information is required according to state and federal laws.

2006-07 End of Year Reporting
(From STI District Health)

- ✓ Student Health Report
- ✓ Health Conditions Report
- ✓ Alert Messages Report

Student Add/Edit Screen

STIHealth Add/Edit

Name | Student # | Grade | Home Room | ● - Medical Alert(s)

☐ Show Inactive ☐ Show Withdrawn

Name	Student #	Grd	Home Rm
Austin, Sarah Anne	555989724	11	1001
Blythe, Conner Eagle Ray	555123458	12	1101
Blythe, Kendell	555456231	11	0901
Boop, Betty	555123456	14	1102
Booshea, Roberto Edwardo	555401297	15	1202
Clay, Susan A	555897564	11	1002
Daniel, Jackson W	555156442	12	1101
Evans, Colton Ray	555653288	12	1102
Fleming, James C	555405780	10	0902
Florida, John J	555404559	10	0901
Fox, Jacob Richard	555486913	11	9999
Gardner, Janice R	555406789	10	9999
Greene, Rhonda K	555407526	12	1102
Hanson, Amelia Dianne	555499847	10	9999
Harris, Marsha	555402124	11	9999
James, Elaine E	555403896	12	1101
Jeffrey, Cole J	555405578	11	1001
Joey, Scott Mullins	555654747	10	9999
Keys, Grace	555596364	10	0902
Keys, Grant D	555405983	11	9999
Littlejohn, Susan K	555478562	12	1102
Maker, Mark M	555354976	12	1102

General Information

☐ Cycle

Accidents ☐ Allergy / Alerts ☐ Daily Log ☐ Immunizations ☐ Medical ☐ Medications ☐ Referrals ☐

Screenings

Auditory ☐ Dental ☐ Hearing ☐ Height/Weight ☐ Mental ☐ Physical ☐ Scoliosis ☐ Tuberculosis ☐ Vision ☐ User Defined ☐

Cycle Feature: Will allow the user to go immediately from one student to the next after entering the selected data for each student.

Batch Entry: Choose this option to enter screening data for multiple students (batch of students) at one time.

Immunizations

(Initial Entry and 6th Grade Only)

Immunization For: Adams, Travis 475558989

Sex M Race 1 Date of Birth 08/08/1994 Grade 07

Exempt Information
☐ Medical Exempt ☐ Religious Exempt

Type Certificate
☒ Standard ☐ Provisional

Expiration Date: 08/10/2006

☐ Cycle

Code	Description	shot date	age @ shot	shot date	age @ shot
DTaP	DTaP	11/09/1994	3 MOS	12/08/1994	4 MOS
Td Bo	TD Booster	01/07/1995	4 MOS	08/07/1998	3 YRS
PV	Polio Vaccine	08/08/1999	5 YRS		
MMR	MMR				
Hib	Hib				
Hep B	Hep B Pediatric				
HepBA	Hep B Adult				
Var	Varicella				
Other	Other, Flu				
Othe1	Other, Pneumoccal Va				
Othe2	Other, Vaccines				

Immunization Type: DTaP

Immunization Date Changes	
New Date	Orig Date
11/09/1994	11/09/1994
12/08/1994	12/08/1994
01/07/1995	01/07/1995

Buttons: Accept, Reset, Delete

Certificate Expiration Date: Enter the expiration date of the certificate submitted. If religious exemption is checked, no expiration date is required.

Type Certificate: Choose appropriate check box (Standard, Provisional)

Exempt Information: Choose the appropriate check box if child is exempt from immunizations (Medical, Religious). Options to add notes to medical exempt field.

Medical Exempt Notes: If Medical Exempt selected, a notes field is activated, enter immunization exempt information in this field, i.e. MMR

Options for entering immunizations dates:

Cycle Feature: This will allow the user to cycle through the shots on immunization certificate

Shot updates: Highlight the specific shot you're updating

***Reminder:** Must click the accept button after entering date fields for individual shot types in order for the dates to be saved. Dates will appear in immunization date box as pending. Pending means that it is not a permanent record yet, dates can be altered at this point. Information becomes permanent after clicking OK to exit the screen.

Enter dates of the following vaccinations from the student's immunization certificate:

STI Health 8.0

Equivalent Immunization Certificate Abbreviations

DTaP	Diphtheria, Tetanus, Pertussis (DT, DTaP, or DTP)
Td Bo	Td Booster, Tdap, Adult Td Vaccine or Boostrix
PV	Polio Vaccine (OPV or IPV)
Hib	Hib (Haemophilus influenza type b)
MMR	Measles, Mumps, Rubella or measles containing vaccine
HepB	Hepatitis B (pediatric dose; 3 shot series)
HepBA	Hepatitis B (adult dose; 2 shot series)
Var	Varicella (chicken pox vaccine)

Preschool Hib rules will be forwarded as a fix from STI late in the year.

Physical Exam Information

(Initial Entry and 6th Grade Only)

Physical Exam For: Adams, Travis 473556789

Physical Type: Initial Entry Exam Date: Grade: 7

Examiner: ☐ Parent Present ☐ Outside Exam

Height: 0 inches 0.00 ft. Blood Pressure Upper: 0 Lower: 0

Weight: 0.0 Pulse Rate: 0

Page 2 - Exam | Page 3 - Exam

Eyes <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> NA	Abdomen <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> NA	Nose <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> NA	Throat <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> NA	Teeth <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> NA	Heart <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> NA	Lungs <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> NA
Skin <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> NA	Ears <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> NA	Glands <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> NA	ROM <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> NA	Skeletal <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> NA	Nutrition <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> NA	Scoliosis <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> NA

Action: Result:

Physical Type: Select from drop down menu 'Initial Entry or '6th Grade'

Exam Date: Enter the physical exam date at initial entry and entrance into sixth grade

Grade: Enter the grade the student was in when exam given

*All other fields are optional for data entry

Vision Exam Information (Initial Entry)

Vision For: Aaron, Hank 111

Date: Grade: 10 ☐ Referral

Type: Result:

Examiner:

Vision Testing

☐ Vision Problem

☐ Tested Wearing Corrective Lenses

	Both	Left	Right
Far	020/020	020/020	020/020
Near	020/020	020/020	020/020

Amblyopia ☐ Pass ☐ Fail ☐ NA

Color Deficiency ☐ Pass ☐ Fail ☐ NA

Stereopsis ☐ Pass ☐ Fail ☐ NA

Action: Result:

OK Cancel

Initial Entry into school Vision Exam - must be completed before January 1 of current school year.

Date: Enter the Vision Exam date

Type: Select Vision Exam from the drop down menu

*All other fields are optional for data entry

Vision Screening Information

(Districts determine which grades will have annual screenings as per 704 KAR 4:020)

Vision For: Aaron, Hank 111

Date: Grade: 10 ☐ Referral

Type: Result:

Examiner:

Vision Testing

☐ Vision Problem

☐ Tested Wearing Corrective Lenses

	Both	Left	Right
Far	020/020	020/020	020/020
Near	020/020	020/020	020/020

Amblyopia: ☐ Pass ☐ Fail ☐ NA

Color Deficiency: ☐ Pass ☐ Fail ☐ NA

Stereopsis: ☐ Pass ☐ Fail ☐ NA

Action: Result:

OK Cancel

Date: Enter the Vision Screening date

Type: Select Vision Screening from the drop down menu

Results: Select results of vision screening from drop down menu; passed, failed, cannot test or refused

Vision Screening Referral Checkbox: If student failed the Vision Screening, you must select the Referral checkbox and enter the date the referral was made

Referral Date: Date in which notice sent to parent that student failed the vision screening and needs to be seen by a doctor

*All other fields are optional for data entry

Hearing Screening Information

(Districts determine which grades will have annual screenings as per 704 KAR 4:020)

The screenshot shows a software window titled "Hearing For: Adams, Travis 475558989". The form includes the following fields and sections:

- Date:** A date picker.
- Type:** A dropdown menu with "Original" selected.
- Grade:** A text box with "7" entered.
- Examiner:** A dropdown menu.
- Outside Exam:** An unchecked checkbox.
- Result:** A dropdown menu.
- Hearing Screening Information:**
 - Hearing Aid:** Radio buttons for "Yes" and "No" (No is selected).
 - Hearing Problem?:** Radio buttons for "Yes" and "No" (No is selected).
 - Wearing Hearing Aid?:** Radio buttons for "Yes" and "No" (No is selected).
- Hearing Test:** A table with Decibel values for Right and Left ears across frequencies of 250, 500, 1000, 2000, 4000, and 8000 Hz.

	Frequency	250	500	1000	2000	4000	8000
Decibel	Right	0	0	20	20	20	0
	Left	0	0	20	20	20	0
- Date of Threshold:** A text box.
- Threshold Results:** Radio buttons for "N/A", "Pass", and "Fail" (Pass is selected).
- Action:** A dropdown menu.
- Result:** A dropdown menu.
- Screening Note:** A text area at the bottom.

Date: Enter the Hearing Screening date

Type: Select Original from drop down menu

Results: Select results of hearing screening from drop down menu; passed, failed, cannot test or refused

If original screening failed, Re-screening requirements:

Type: Select Re-Screen from drop down menu

Date: Enter the date of hearing re-screening

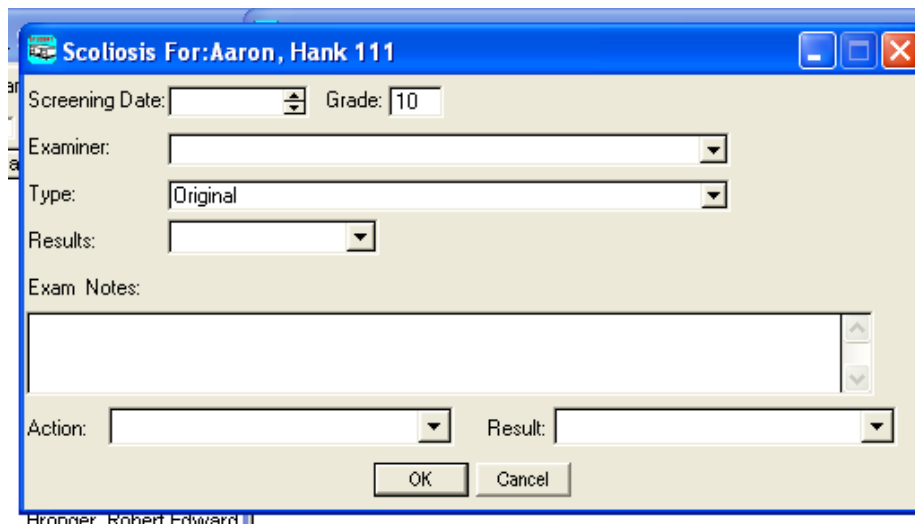
Results: Select results of hearing re-screening from drop down menu; passed, failed, cannot test or refused

If student fails a Hearing Screening or Re-Screen, then a Referral needs to be made, those requirements:

Type: Select Referral from drop down menu

Date: Enter the date referral was made

Scoliosis Screening Information (6th and 8th Grade Only)



Screening Date: Enter the date of scoliosis screening for grades 6 and 8

Type: Select Original from drop down menu

Results: Select from drop down menu the results of the scoliosis screening, Pass, Fail, Absent, Refused, Cannot Test, Known Previously, and Referral

****All failures must be referred**

Criteria For Referral

The following criteria for referral is used by second screeners as a guide on which to base referrals. If any child has any three of the following, the child should be referred to a pediatrician, family doctor, or the Commission for Children with Special Health Care Needs (CCSHCN).

1. One shoulder higher than the other
2. One scapula more prominent than the other
3. Waist folds not even
4. Arms not hanging equal distance from the sides
5. Pelvis not level
6. Unequal symmetry of the upper back, lower back or both

If any one or two of the above are seen, then the child should be re-screened in 6-12 months. If the child, on forward bend test, has a hump on one side that measures less than 7 degrees, using the scoliometer, the child should be re-screened in 6-12 months.

Any student with possible indicator must be re-screened

If re-screening performed:

Re-screening Date: Enter the date of scoliosis re-screening and results

Type: Select Re-Screen from drop down menu

Results: Select Passed or Referral (if student failed)

Allergy/Alert

An alert is any medical condition that will require an emergency action. If alert is selected on the Allergy data entry screen or beside an Unusual Health Condition, this data will be written to SITClassroom; STIOffice; STIDistrict and STIDistrictHealth.

This data is usually collected from a student's parent/guardian from one of the following forms:

- Emergency Information Form
- Health History Form
- Individual Health Plan
- Medication Request Form
- KSBA Personal Data Sheet 09.224 AP

Allergy/Alerts For: Adams, Jeffery 555981212

Health Alerts

Allergy Information			
Description	Alert	Epi Pen	Classification

Edit
Insert
Change
Delete
☐ Cycle

Unusual Health Problems

Alert	Emergency Med	Unusual Health Condition	Health Conditions Descriptions
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

OK
Cancel

Allergy data entry

Allergy: Select specific allergy from drop down menu

Alert: Select indicator if specified allergy requires emergency action

EpiPen: Select indicator if specified allergy requires EpiPen administration

Notes: Specify detail of Allergy and EpiPen administration, i.e., Peanut Allergy student develops respiratory distress. Has been trained and can carry and self-inject EpiPen.

Unusual Health Conditions

Alert	Emergency Med	Unusual Health Condition	Health Conditions Descriptions
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Alert: Select indicator if specified health condition requires scheduled or emergency action

Emergency Med: Select indicator if specified health condition requires emergency medication administration. This data is usually collected from a student's parent/guardian from one of the following forms:

- Emergency Information Form
- Health History Form
- Individual Health Plan
- Medication Request Form
- KSBA Personal Data Sheet 09.224 AP

Unusual Health Condition: Any condition that requires a scheduled action during the instructional day. Please choose from the drop down menu the Health Condition for student

Health Condition Description: Any brief description of treatment or clarification of health condition